

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	2 Serial/Patent 10/524358		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input type="checkbox"/> Filing			\$
<input type="checkbox"/> Amendment			\$
<input type="checkbox"/> Extension of Time			\$
<input type="checkbox"/> Notice of Appeal/Appeal			\$
<input type="checkbox"/> Petition			\$
<input type="checkbox"/> Issue			\$
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/> Maintenance			\$
<input type="checkbox"/> Assignment			\$
<input type="checkbox"/> Other			\$
		7 TOTAL AMOUNT OF REFUND	\$
8 TO BE REFUNDED BY:			
10 REASON:		Treasury Check	
<input type="checkbox"/> Overpayment		Credit Deposit A/C #:	
<input type="checkbox"/> Duplicate Payment		9 <input type="checkbox"/> <input type="checkbox"/> -- <input type="checkbox"/> <input type="checkbox"/>	
No Fee Due (Explanation): 			
11 REFUND REQUESTED BY: 			
TYPED/PRINTED NAME:		TITLE:	
SIGNATURE:		PHONE:	
OFFICE: ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:		Repln. Ref: 06/08/2005 PKIDWELL 081505 000 DHH:020184 Name/Number:10524358 FC: 9204 \$500.00 C	
APPROVED:		DATE:	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B